

**BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

**MEETING DATE:** 6-16-2004

**DIVISION:** COMMUNITY SERVICES

**BULK ITEM:** YES X NO    

**DEPARTMENT:** SOCIAL SERVICES

**AGENDA ITEM WORDING:** Approval of Alzheimer's Disease Initiative (ADI) Contract #KZ497 between the Alliance for Aging, Inc. and the Monroe County Board of County Commissioners (Monroe County Social Services/In-Home Services Program) for Fiscal Year July 1, 2004 through June 30, 2005.

**ITEM BACKGROUND:** The approval of the ADI Contract will enable Monroe County In-Home Services to continue providing Respite services to Monroe County's elderly population under the Alzheimer's Disease Initiative (ADI) program.

**PREVIOUS RELEVANT BOCC ACTION:** June 18 2003

**CONTRACT/AGREEMENT CHANGES:** N/A

**STAFF RECOMMENDATION:** Approval

**TOTAL COST:** \$65,888.00

**COST TO COUNTY:** -0- (Required)

\$7,686.00 (Additional Match)

**BUDGETED:** YES X NO    

**SOURCE OF FUNDS:** ADI Contract

For fiscal year 7/2004 thru 6/2005 for

For \$65,888.00

**REVENUE PRODUCING:** YES X NO     **AMT.PER MONTH** \$50.00 **YEAR** \$600.00

**APPROVED BY:** COUNTY ATTY. X OMB/Purchasing X RISK MANAGEMENT X

**DIVISION DIRECTOR APPROVAL:** \_\_\_\_\_

  
JAMES MALONE DIVISION DIR

**DOCUMENTATION:** INCLUDED X TO FOLLOW     NOT REQUIRED    

**DISPOSITION:** \_\_\_\_\_ **AGENDA ITEM#:** C19

# MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

## CONTRACT SUMMARY

Contract with: Alliance For Aging, Inc.

Contract

Effective Date: July 1, 2004

Expiration Date: June 30, 2005

Contract Purpose/Description: Approval of the Alzheimer's Disease Initiative (ADI) Contract #KZ497 between the Alliance for Aging, Inc. and the Monroe County Board of County Commissioners (Monroe County Social Services/In-Home Services Program) for Fiscal year July 1, 2004 through June 30, 2005.

Contract Manager:

Deloris Simpson

4589

Social Services/Stop 1

(Name)

*Deloris Simpson*

(Ext.)

(Department/Stop #)

For BOCC meeting on

6/16/2004

*By [Signature]*

Agenda Deadline:

6/1/2004

## CONTRACT COSTS

Total Dollar Value of Contract: \$65,888.00

Current Year Portion: \$ \_\_\_\_\_

Budgeted? Yes ☒ No

Account Codes:

\_\_\_\_\_

Grant: \$ 65,888.00

\_\_\_\_\_

County Match: \$ -0- (Required)

\_\_\_\_\_

Additional Match \$7,686.00

\_\_\_\_\_

## ADDITIONAL COSTS

Estimated Ongoing Costs: \$ \_\_\_\_\_/yr

For:

(Not included in dollar value above)

(e.g. Maintenance, utilities, janitorial, salaries, etc)

## CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	<i>6/3/04</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>6/3/04</i>
Risk Management	<i>6/1/04</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>6/1/04</i>
O.M.B./Purchasing		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>6/3/04</i>
County Attorney	<i>6/1/04</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>[Signature]</i>	<i>6/1/04</i>

Comments: \_\_\_\_\_